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ORAL HYGIENE¹

BY ELIZABETH WIRTH, D.D.S.

Butte, Montana

Within a short period of time dentistry has attained great popularity. The literature of to-day is full of its importance and bearing upon health. In the social and business world, conversation on dental troubles has become a favorite topic. The importance of fillings, crowns, bridges, and work relative to restoring lost tooth structure has long been appreciated by many, but in contrast is the woeful ignorance that now exists among the majority of people in regard to mouth hygiene. Not a little of this ignorance is within the dental profession itself, that is why they neglect the hygiene of their patients' mouths. Especially is this true in regard to children.

New York was the pioneer state to recognize Oral Hygiene as a state function, to teach in an educational manner in the schools the importance of conserving the health of the children. This pioneer state action was taken on December 7, 1910, when the State Commissioner of Health appointed two dentists as lecturers for the State Department of Health, to teach the pupils the health value of clean mouths. During that first year, illustrated lectures on Oral Hygiene were prepared and given in many of the schools. Hundreds of teachers and thousands of pupils were taught to take better care of their mouths and teeth, to keep them clean to prevent decay.

During the past year, in New York State, more than one thousand physicians were employed as school medical inspectors; one hundred and seventy-eight nurses are now engaged in this work, forty-five of whom are in rural districts. For many years, in fact ever since school children were first examined for physical defects, it has been apparent that dental defects were those most frequently found. To find these defects is an easy matter, but to correct them and prevent their recurring is a difficult problem.

Dental inspection should be made a special feature of school medical inspection and placed under the direction of a dentist well trained in oral hygiene. School physicians, school nurses and parents should be taught to recognize the first permanent teeth and to advise as to their vital importance. The necessity of preservation of deciduous teeth should be explained fully to those to whom care of young children is entrusted. In my practise I have had many young children, as well as grown-ups, present mouths showing a

¹ Read at the ninth annual meeting of the Montana State Association of Graduate Nurses, Butte, Montana, June, 1920.

slovenly and inflamed condition, with marked signs of infection from deposits and fermentive reactions. To the average person, the idea does not occur that this condition is one eminent cause of decay and malnutrition,—not to mention many chronic and acute diseases. They brush their teeth carelessly once, maybe twice, a day, make a visit to the dentist once or twice each year, but the gradual loss of the teeth seems certain, and by the fortieth year one is fortunate who escapes the ravages of pyorrhea and its detrimental results. The toxic influence of unclean mouths is especially noticeable in children, frequently producing headache, dizziness, imperfect vision, slight fever, and malnutrition. These minor ailments are only secondary to the dangers of systemic infections, which are often produced by actual penetration of the bacteria through the mucous membrane of the tonsils, pharynx and intestines.

It is stated that barely 15 per cent of our people use a tooth-brush. Is it any wonder that the picture of the unsanitary mouth cannot be overdrawn, nor the prevalence of such mouths be overestimated. Inflamed and congested gum tissue, broken down and decaying teeth, green and brown stains, calcarous deposits and decomposing food debris,—these mouth conditions are the rule and not the exception.

For a number of years, dental pathologists have repeatedly called attention to the dangers of these pericemental infections as a probable cause of systemic disease, that by way of the lymphatic vessels in the pericemental tissues, the ingress of bacteria through these vessels into the blood stream and their localization in some other tissues of the body takes place. There is scientific and clinical evidence to prove that pyorrhea aleolaris is a cause of systemic infection produced in any one of these ways. First, by the constant exudation of pus into the mouth and then into the digestive tract; second, by the lymphatics absorbing bacteria and their toxins present in the deeper areas of the infected tissues; third, by the pumping action of loose teeth in their sockets during mastication, forcing bacteria and their toxins into the capillaries and thus into the blood stream. It has been estimated that more teeth are lost from pyorrhea alveolaris than from dental caries. The gingival borders of the gums present an area eight times greater than that of the crypts of the tonsils and in the average mouth the gums are congested and bleeding. This provides an ideal culture medium for tubercle bacilli, and seriously hinders the medical profession from making further reductions in the mortality from this disease.

The third phase for consideration is more serious than the first two, that of an infected area within the bone tissue at the apices of

the roots of the teeth; this we had never suspected, but of late the X-ray has revealed it to us.

These infections are found only upon teeth with devitalized pulps and have long remained undiscovered due to no local soreness, pain, inflammation, or pus. It is because these conditions are so prevalent that they are the most serious menace to health that has yet been presented to the dental and medical professions.

We are forced to realize that we are now facing our most serious public health problem in these pernicious mouth conditions. Mouth hygiene must be considered the most important health measure. Dentistry can no longer be considered a luxury, but a necessity for every one. These pernicious mouth conditions are not necessary. Eighty or ninety per cent of dental decay can be prevented by a system of extreme cleanliness and correct diet.

The bacterial plague is the initial stage of dental caries and the removal of these bacteria from all surfaces of the teeth by hand polishers is the most sufficient means for the preventions of these plagues. Also the frequent removal of all calcareous deposits around the gingival margins of the teeth by use of instruments is most effective in preventing destruction of the dental tissues surrounding the roots of the teeth.

There are in the United States about one hundred and ten million of people and approximately forty-eight thousand dentists. There are not enough dentists in the profession to cope with the dental conditions as they now exist, but the means by which the problem can be solved lies through the Dental Hygienist or Dental Nurse. There are now organized training schools for Dental Hygienists at Columbia University, New York; Forsyth Dental Infirmary, Boston; the Eastman Dental Dispensary, Rochester, N. Y., and several others.

The present need of the dental profession in solving the public health problem of mouth hygiene is an immense corps of women workers, educated and trained and competent to enter dental offices, infirmaries, public clinic sanitariums, factories and private corporations to care for the mouths of the millions of people who need this service so badly.

Every state should have its own training school and if the dental profession is not able to meet the situation, the state health and educational authorities should do it. This is the only sane and logical method by which help can be provided for the adult population and through them to educate and instil in the minds of the children the absolute necessity of oral cleanliness so that the habit may become a part of their daily lives.